						gro	1007/01	38 mcom	ing
A	IC	<u>ord</u> cer	TIFICA	TE OF L	ABILI	TY INSU	RANCE		DATE (MM/DD/YYYY) 10/01/2008
PROD	* N	MARSH USA INC. P.O. BOX 36012 KNOXVILLE, TN 3793 Attn: Jan Melton-Cate (002	4	ONLY AND HOLDER. TH	CONFERS NO	ED AS A MATTER OF RIGHTS UPON THE DOES NOT AMEN ORDED BY THE POLICE	E CERTIFICATE
437767Prop-08-09						INSURERS AFFO	NAIC #		
INSURED Foundation Coal Corporation 391 Inverness Parkway, Suite 333						NSURER A: Steadfas	26387		
						NSURER B: N/A	N/A		
	Ĕ	Englewood, CO 80112	, oute ood		·	INSURER C: N/A			N/A
					_	NSURER D: N/A			
						NSURER E: N/A	N/A N/A		
COVERAGES									5
N C	IOTWI IAY B IONDI	ITHSTANDING ANY REC	QUIREMENT, TE RTAIN, THE INSI	RM OR CONDITION OF	OF ANY CON	TRACT OR OTHER CIES DESCRIBED H N REDUCED BY PAI	DOCUMENT WITH HEREIN IS SUBJECT D CLAIMS.	FOR THE POLICY PER I RESPECT TO WHICH TH CT TO ALL THE TERMS, E	IS CERTIFICATE
NSR A		TYPE OF INSURANCE	E	POLICY NUMBE	R	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	ITS
A	^ _	ENERAL LIABILITY				10/01/08	10/01/09	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000
	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	COMMERCIAL GENERAL LIABILITY				10/01/00	10.00.00	PREMISES(Ea occurence) MED EXP (Any one person)	\$ 2,000,000 \$ 5,000
	X	CLAIMS MADE CLAIMS MADE	OCCUR					PERSONAL & ADV INJURY	\$ 5,000 \$ 2.000,000
								GENERAL AGGREGATE	\$ 4,000,000
	G	ENERAL AGGREGATE LIMIT PRO- POLICY JECT	APPLIES PER					PRODUCTS - COMP/OP AGG	\$ 4,000,000
\dashv		UTOMOBILE LIABILITY	1 1 200					0011011150 011101 5 1 11115	
	F	ANY AUTO						(Ea accident)	\$
		ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
		HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
		NOTE WILL ACTOS				ţ		PROPERTY DAMAGE (Per accident)	\$
	G	ARAGE LIABILITY		,				AUTO ONLY - EA ACCIDENT	\$
	L	ANY AUTO						OTHER THAN EA ACC AUTO ONLY:	\$
-	-	XCESS/UMBRELLA LIABILIT	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7			AGG	\$
	-							AGGREGATE	\$
	-	OCCUR	CLAIMS MADE					AGGREGATE	\$
		DEDUCTIBLE							\$
	IODKE	RETENTION \$						LWO STATE LA LOTU	s
		YERS' LIABILITY						WC STATU- OTH-	\$
A	NY PR	OPRIETOR/PARTNER/EXEC	UTIVE					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	1
If	yes, de	escribe under L PROVISIONS below						E.L. DISEASE - POLICY LIMIT	
	THER								
RE: \	Villov ral Li	on of operations/Locati v Creek Mine Permit #4 lability includes a Blant lability includes XCU c	C/007/038 ket Additional I				ect to the policy to	erms, conditions, and ex	clusions.
CERTIFICATE HOLDER ATL-001425436-18 State of Utah Division of Oil, Gas & Mining 1594 West North Temple Suite 1210						CANCELLATION			
						CANCELLATION			
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SAVERY OF MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			

1594 West North Temple, Suite 1210 P.O. Box 145801 Salt Lake City, UT 84114-5801

RECEIVED OCT 0 6 2008

BOACHANCROCACOCROCROCROCACOCRO $\textbf{MODEX} \\ \times \textbf{MEMBER} \\ \times \textbf{MODEX} \\ \times \textbf{$

AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Kenneth L. Sloan Jr.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.